Daybreak Horizon Recovery Housing Application

Please complete all sections. Check boxes where applicable and write answers in the spaces provided.

Section 1: Acknowledgements

☐ I understand that submitting this application does not guarantee acceptance.

☐ I understand additional requirements may apply.

☐ I agree to provide truthful and accurate information.

Section 2: Personal Information

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Current Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship: _____

How did you hear about Daybreak Horizon?

- ☐ Court Referral
- ☐ Probation/Parole
- ☐ Treatment Program
- ☐ Friends/Family
- ☐ Social media
- ☐ Church/Ministry
- ☐ Other: _____

Section 3: Employment & Income Information

Employment Status:

- ☐ Full-Time
- ☐ Part-Time
- ☐ Self-Employed
- ☐ Unemployed
- ☐ Student
- ☐ Other: _____

Employer Name: _____

Job Title: _____

Length of Employment: _____

Steady Income: ☐ Yes ☐ No

Transportation: ☐ Yes ☐ No ☐ Sometimes

Driver's License: ☐ Yes ☐ No ☐ State ID Only

Barriers to Stability:

- ☐ Employment
- ☐ Transportation
- ☐ Housing
- ☐ Recovery Support
- ☐ Mental Health
- ☐ Financial Stability
- ☐ Family Reunification
- ☐ Legal Issues
- ☐ Education
- ☐ Other: _____

Section 4: Housing & Living Situation

Current Living Situation:

- ☐ Living with Family/Friends
- ☐ Renting
- ☐ Transitional Housing
- ☐ Recovery Housing
- ☐ Treatment Center
- ☐ Shelter
- ☐ Homeless
- ☐ Incarcerated
- ☐ Other: _____

Length at Current Location: _____

Housing Safe/Stable: ☐ Yes ☐ No ☐ Unsure

Homeless in last 12 months: ☐ Yes ☐ No

Why seeking housing: _____

Current challenges: _____

Special concerns: _____

Section 5: Background & Recovery Information

On probation/parole: ☐ Yes ☐ No

Court-supervised program: ☐ Yes ☐ No

Legal obligations:

- ☐ Pending Charges
- ☐ Court Dates
- ☐ Probation
- ☐ Drug Court
- ☐ Travel Restrictions
- ☐ Curfew
- ☐ Protective Orders
- ☐ Warrants
- ☐ None
- ☐ Other: _____

Previously incarcerated: ☐ Yes ☐ No

Felony history: ☐ Yes ☐ No

Primary substances:

- ☐ Alcohol
- ☐ Meth
- ☐ Opioids
- ☐ Heroin
- ☐ Fentanyl
- ☐ Cocaine
- ☐ Marijuana
- ☐ Benzodiazepines
- ☐ Multiple
- ☐ Other: _____

Drug testing compliance: ☐ Yes ☐ No ☐ Unsure

Recovery participation:

- ☐ Outpatient
- ☐ Inpatient
- ☐ Therapy
- ☐ Peer Support
- ☐ MAT
- ☐ AA/NA
- ☐ Church
- ☐ Sponsor
- ☐ None
- ☐ Other: _____

Maintain sobriety: ☐ Yes ☐ No ☐ Unsure

Veteran: ☐ Yes ☐ No

Support needed: _____

Section 6: Program Goals & Accountability

Goals 30 Days: _____

Goals 60 Days: _____

Goals 90 Days: _____

Goals 1 Year: _____

Participate in structured environment: ☐ Yes ☐ No ☐ Unsure

Work/Education: ☐ Yes ☐ No ☐ Unsure

Improve financial stability: ☐ Yes ☐ No ☐ Unsure

Support/resources needed: _____

Accountability means to me: _____

Additional accountability goals:

_____

Section 7: Support Systems & Additional Information

Support system: ☐ Yes ☐ No ☐ Limited

Types of support:

- ☐ Family
- ☐ Sponsor
- ☐ Recovery Community
- ☐ Church
- ☐ Friends
- ☐ Treatment Provider
- ☐ Probation Support
- ☐ Employer
- ☐ None
- ☐ Other: _____

Children: ☐ Yes ☐ No

Number of children: _____

Age Range:

- ☐ 0-4
- ☐ 5-12
- ☐ 13-17

Reunification important: ☐ Yes ☐ No ☐ Unsure

Additional concerns: _____

Anything else: _____

Section 8: Final Agreement & Signature

- ☐ Information is true
- ☐ Understand acceptance not guaranteed
- ☐ Understand program expectations
- ☐ Authorize contact

Signature: _____

Date: _____